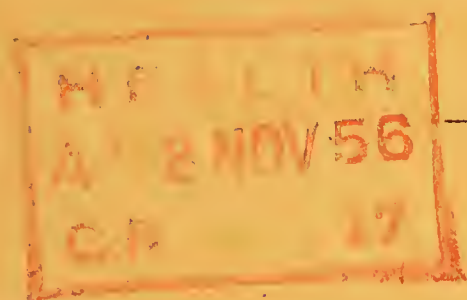


45.

URBAN DISTRICT COUNCIL OF KIRKBY-IN-ASHFIELD



ANNUAL REPORT

ON THE WORK OF THE

PUBLIC HEALTH DEPARTMENT

FOR THE YEAR ENDED 1955

COCHRAN CROSS
M.B., CH.B., D.P.H.
(Medical Officer of Health)

H. S. WHITTEN
M.R.S.I., M.S.I.A.
(Senior Sanitary Inspector
and Superintendent of
Public Cleansing)



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K I R K B Y - I N - A S H F I E L D

U R B A N D I S T R I C T C O U N C I L

Chairman:

MR. A. H. BRIGGS

Vice-Chairman:

MR. J. C. BOOLER

Chairman of the Health and Sanitary Committee:

MR. A. GREEN

Councillors:

East Ward

W. Arnold

J. C. Booler

J. A. Marshall

A. Mead

A. C. Overfield

C. E. Sargent

L. Scothern

T. H. Tomlinson

West Ward

R. Andrews

O. S. Beardsley

A. H. Briggs

C. R. Franks

Mrs. M. E. Wright

South Ward

J. W. Aldridge

E. W. Ashley

G. Ashmore

A. Eggleshaw

A. Green

Clerk of the Council:

F. BOWMAR

Public Health Officers:

Medical Officer of Health:

COCHRAN CROSS, M.B., Ch.B., D.P.H.

Senior Sanitary Inspector and Superintendent of Public Cleansing:

H. S. WHITTEN, M.R.S.I., M.S.I.A.

Deputy Senior Sanitary Inspector:

D. M. LEWIS, C.R.S.I., M.S.I.A.

Clerk:

MISS B. M. WRIGHT (resigned 17.9.55)

MISS M. M. SMITH (from 21.11.55)

Pupil Sanitary Inspector:

T. HERMAN

URBAN DISTRICT COUNCIL OF KIRKBY-IN-ASHFIELD

M E D I C A L O F F I C E R ' S R E P O R T

for the year ended 31st December, 1955

To the Chairman and Members of the
Kirkby-in-Ashfield Urban District Council.

Mr. Chairman, Lady and Gentlemen,

I beg to present to you my fourth Annual Report on the Health of this Urban District.

There has been little change in the pattern of the health of this district as compared with 1954, (which was, with a few exceptions, one of the most satisfactory from a statistical point of view).

The general death and birth rates have increased and decreased in a rather insignificant manner, and it is a point of modified dissatisfaction that the former is infinitesimally higher than the National figure, e.g. 11.9 (corrected and adjusted) per thousand of the population as compared with 11.7 per thousand of population of the whole country (England and Wales) and 11.6 (corrected and adjusted) per thousand of population of the 160 smaller towns (25,000 - 50,000 at 1951 census).

The birth rate per thousand of population has been the lowest in the last 10 years - the next lowest being in 1951 at 14.96. There is no doubt, in my mind at least, of the cause of this - the unparalleled run of prosperity we are going through, when there are more jobs than applicants, and the increasing tendency of young married women retaining their jobs and postponing the starting of a family. This trend is not altogether able to avoid criticism, as the best time for a woman to begin a family from a physiological and anatomical point of view is much earlier than that which is thought in this Midlands area to be an Economic Ideal time. In other words, the older the mother has her first child the more hazardous is it to herself and her child. It is, therefore, necessary that the art of midwifery as practised by our nurses and doctors must be of the highest standard attainable.

The custom of having the baby at hospital or nursing home should be discouraged as far as possible, except in cases where the housing conditions are unsuitable, as the danger of infection is ever present even in the best run institutions. That various Governments in the past have thought so is exemplified by the increased maternity grants paid to those mothers having their babies at home. This is common knowledge, but loses none of its importance by reiteration.

Infantile mortality during the last year, I am sorry to say, has increased from 11.43 per thousand live births in 1954 to 23.97 in 1955, i.e. 7 deaths in all. Of these deaths, neonatal, i.e. those occurring in the first month of life, accounted for 6. The causes were:-

Exomphalus	1
Pulmonary Embolus and Shock	1
Prematurity	4

The remainder of the infantile mortality, i.e. occurring during the first year of life, was 1. The cause was Broncho-Pneumonia. The neonatal and infantile mortality rates as compared with the National figures -

	<u>National</u>	<u>Local</u>
Neonatal (per 1,000 live births)	17.3	20.55
Infantile(" " " ")	24.9	23.97

are, up to a certain point, satisfactory. Compared with what they were, say 20 years ago, they are highly satisfactory, but not to the extent that we dare relax our efforts in improving the figures.

To complete this section of my observations, I have much pleasure in stating that no woman died in or in consequence of childbirth, as compared with 2 the previous year. Here, at least, the number cannot be improved upon.

.....

The toll of Cancer in 1955 was less than in 1954, e.g. 30 (including the 1 Leukaemia) as compared to 39 (including the 2 Leukaemias), while the number of deaths from Respiratory Cancer remained the same, i.e. 2, an interesting fact while the controversy of Lung Cancer still rages.

Respiratory Tuberculosis deaths declined from 4 to 2, and the notifications of that disease decreased from 13 to 3, a temporary improvement only, I regret to state. I dwelt at some length in my 1954 Report regarding the whole problem of this trouble with special regard to the unfortunate non-co-operation of the two Bodies which are responsible for the treatment, care and prevention of this dread disease. The situation remains the same as in previous years. However, I am very glad to state that in the near future it is proposed to offer B.C.G. inoculations to the School Leavers. This comes under the aegis of the County Health Authorities who, however, have or will approach the District Councils for permission to have the District Medical Officers of Health to do the executive and administrative work in their own respective areas. I shall only be too glad to do so, as I am of the opinion that it is a great step forward in the direction of eradicating completely this disease, which used to be such a scourge. I trust too that we shall soon have a revisit of the Mass Radiography Unit, which did such excellent work in 1953. Here also may I make a correction and apologies to all concerned, regarding my complaint of delay in notification of the disease to the County first and thereafter to me? The doctors, who must notify me within a reasonable time, notify me directly, and not via Trent Bridge. The statements, however, regarding the forms Prev./T.B.1, and, in my opinion, legitimate comments on them, were quite correct, and have not changed in the least during this year. I can only hope for a change of heart by the Chest Section of the Hospital Authority. I am more than ready for active co-operation with it, and feel it would make quite a difference to the patients and contacts concerned, who, after all, are of the primary, and indeed only, importance.

|||||

With regard to Geriatrics, or the Science and Knowledge of Old Age, I am glad to inform you that I have been invited to attend and take part in the work of the Old People's Welfare Committee. I have attended every monthly meeting so far, and have had great personal pleasure and acquired knowledge, especially of local conditions, by so doing. I earnestly hope I may be of some service to that hardworking and unselfish group of men and women who form this committee.

|||||

The preventive scheme regarding Diphtheria carries on very smoothly, as it did last year. The actual numbers of children inoculated against Diphtheria and Whooping Cough may not be so great as in 1954 [577 (Diphtheria) compared with 902 (Diphtheria) and 440 (Whooping Cough) compared with 485 (Whooping Cough)], but one obvious reason is that it is getting harder to find children, and we are now getting to the hard core of resistors who are often very difficult to persuade to drop their prejudices. There is also a considerable reduction in the number of births as compared with last year.

The figures, especially of the Outdoor Immunisation sessions, are quite satisfactory, although complacency in myself and the Health Visitors would be the worst thing possible to happen.

Below is the table of National Deaths and Notifications of Diphtheria brought up to date:-

<u>Year</u>	<u>Deaths</u>	<u>Corrected Notifications</u>
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9	173
1955	11 (provisional)	161 (provisional)

The total of deaths in 1955 includes no "late effects" i.e. those occurring more than a year after the acute episode: in 1951, 1952, 1953 and 1954 these numbered 3, 9, 3 and 1 respectively.

Locally, the number of Diphtheria cases notified to me is nil (a clean sheet now for 6 years). The number of Whooping Cough cases is still a ridiculously small number (9), as was pointed out in last year's Report, but even allowing for the family doctor's reluctance to notify Whooping Cough of which he is not sure, compared with other districts, this is very satisfactory.

It is gratifying to learn that the type of mixed Diphtheria and Whooping Cough vaccine which was used as a

prototype in Kirkby-in-Ashfield is now issued to every district in the County. I welcome the co-operation of my fellow medical men and women to inoculate their own young patients, and I am still convinced of the necessity of commencing the course at an early age - 4 months or even earlier, thus making more possible the target set down by the Ministry of Health - 75% of children inoculated before they are one year old. The percentage in Kirkby-in-Ashfield is 72.26.

The following table shows the age, i.e. 4 years, at which a child is at greatest risk from Diphtheria.

<u>Country</u>	<u>Proportion (%) of deaths from Diphtheria in relation to general mortality (all causes), 1951-53</u>	
	<u>Children under 10 years old</u>	<u>Children 4 years old</u>
Australia	0.6	3.4
Canada	0.1	0.8
Finland	0.2	1.7
France	0.2	1.2
Italy	1.2	7.5
Netherlands	1.7	9.7
New Zealand	0.1	1.8
Norway	0.1	1.0
United Kingdom	0.1	0.8
U.S.A.	0.1	0.9

The statistics as published by The World Health Organisation bear witness to the efficacy of Diphtheria immunisation and emphasize the importance of its widespread application.

Vaccination against Smallpox still lags grievously behind, this being all the more vexatious as it could be carried out successfully and without any added risk within the first month of life. The number of successful Primary vaccinations was 116 (70 by the M.O.H.) out of a total possible of 292 births in the year. In 1954 the comparative figures were 124 (82) and 350.

I come now to the most important Public Health Event in Kirkby-in-Ashfield during 1955 - i.e. the Outbreak of

Paratyphoid B. Fever. I mention it here in passing as I have made a full report on it later on, in the Epidemiological Section.

.....

I should like to draw the attention of members of the Council to another increasing problem which is the deep concern of not only the Health Department, but of the Council as well - that of Accidents to Children. It has been authoritatively stated that in Canada and America accidents in pre-school children are responsible for more than twice the number of deaths caused by the common infectious diseases of early childhood. In England and Wales, I regret to say, the number of deaths are more than three times. In other words, in 1955 out of 20,000 deaths of children under 5, 1,000 were caused by accidents. Street accidents accounted for half the deaths from accidents under 5, and the other 500 were caused largely by choking (270), suffocation (185), almost all of which were in the first year, drowning (88), and then a miscellaneous group of poisonous fluids, burns, etc. The particular type of accidents from which infants suffer are choking, scalds and burns, and for toddlers - scalds, burns and poisoning, also drowning in shallow water. At school age scalds diminish and burns increase, especially girls, owing to the burning of clothes. This has caused considerable public concern, and it is gratifying to know that one large multiple store has now stopped selling girls' night-dresses and advocating pyjamas. Again, the usage of material so treated as to be non-inflammable, although not yet widely available, is becoming more known, and will probably not cost much more. The cost of treating a child with burns in hospital for a first admission might cost anything up to £150, and several admissions are often necessary for every child with severe burns. As regards road accidents, it has been stated that the average cost is £800, but a fatal accident costs £3,000. The 200,000 accidents in each year cost the country £172,000,000 - more than £3 per head of the population. It is, therefore, the duty of the Public Health Department to see that the under-fives get protection, and the over-fives education. In this respect the services of the Police and the School Crossing Patrols are most valuable.

I have to acknowledge with thanks the British Medical Journal for the above statistics.

The vogue of late for pharmaceutical manufacturers producing pills practically indistinguishable from sweets is great to be deprecated. The sooner these pills are put in paper (celbphane) packing or in "kiddiproof" tins, the better. It is an important that now-a-days, when there is a possibility of every type of medicine being in a home, they should be locked away and made inaccessible to children.

I, therefore, plead for intensification of publicity regarding accidents, more parental care, and extension of the Police and teachers' efforts in the protection and education of child life.

|||||

I have thought for a considerable time that a Report like this is not really complete and comprehensive if it does not bring in all Public Health Services, whether run by the District Council, the County Council, or the enthusiastic Voluntary Services in our midst. With your approval, I shall attempt to give you a full list of these bodies' various activities with any detailed information that I have to hand, i.e. those bodies not under direct control of the Urban District Council.

1. LABORATORY FACILITIES

The following examinations are carried out by the Public Health Laboratory, 63 Goldsmith Street, Nottingham:-

Milk	Phosphatase Test, Methylene Blue Test, Bacteriological, etc.
Ice Cream	Methylene Blue Test, Grading, etc.
Food	Bacteriological examination.
Water	Bacteriology.
Pathological Specimens	Bacteriology and pathology of swabs, sputa, etc.

The Laboratory carries out other functions, but the above are the main ones the Department is likely to need. The Service is an excellent one, and is available to the Medical Profession.

2. PUBLIC ANALYST'S LABORATORY

Similar examinations to the above are carried out for the Department in respect of water. The Laboratory is also able to carry out chemical analysis of food. Mr. W. W. Taylor, B.Sc., F.R.I.C., 1 Regent Street, Nottingham, is an official analyst for the purpose of the Food and Drugs Act, 1955.

3. AMBULANCE SERVICE

One ambulance is stationed at the Kirkby-in-Ashfield Sub-depot, Urban Road, Kirkby-in-Ashfield, for use in the Urban District. The Sub-depot is directly under the Notts. County Council Ambulance Control, County Hall, Trent Bridge, Nottingham, telephone number Nottingham 88771.

4. MATERNITY AND CHILD WELFARE SERVICES

The Notts. County Council supplies these Services, your Medical Officer of Health being in charge of the latter clinics held in the District. The clinics are held in the Maternity and Child Welfare Clinic, Urban Road, Kirkby-in-Ashfield, telephone number Kirkby-in-Ashfield 3361.

(a) Child Welfare Service

Clinics are held at the following times:-

Mondays 1.30 p.m. - 4.30 p.m. (M.O.H. in attendance)
Tuesdays 1.30 p.m. - 4.30 p.m.

<u>Month</u>	<u>No. of attendances</u>
January	292
February	363
March	392
April	280
May	314
June	432
July	400
August	307
September	362
October	372
November	366
December	177
	<u>4,057</u>

(b) Ante-natal and Post-natal Service

Clinics are held at the following times:-

Thursdays 1.30 p.m. - 4 p.m. (Dr. in attendance)
Alternate Fridays 9.30 a.m. - 12 noon (for blood tests)

<u>Month</u>	<u>No. of attendances</u>	
	<u>Ante-natal</u>	<u>Post-natal</u>
January	67	-
February	65	1
March	83	1
April	55	2
May	53	-
June	29	2
July	39	-
August	67	2
September	69	-
October	63	-
November	68	-
December	76	-
	<u>734</u>	<u>8</u>

Blood grouping of ante-natal cases

Expectant mothers attending the Ante-natal Clinic have their blood sampled for the rhesus factor, and also the group, either at the Clinic or by their own doctor.

(c) Midwifery Service

The services of 5 midwives are provided for the Urban District by the Notts. County Council. Their names, addresses and telephone numbers are as follows:-

Mrs. D. Brown	95 Southwell Lane, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 3375
Mrs. D.A. Brockley	8 The Grove, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 3131
Miss H. Conneely	24 Clumber Street, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 3249

Miss F. Lawson 59 Welbeck Street, Kirkby-in-Ashfield
Kirkby-in-Ashfield. 3397

Mrs. G.M.Sheppard 52 St. John's Avenue, (Telephone to
Kirkby-in-Ashfield. be installed)

(d) Care of the Unmarried Mother

Cases have been dealt with during 1955 in co-operation with the Moral Welfare Service.

(e) Care of the Premature Infant

During 1955 most of the cases were admitted to hospital, and there has been no occasion to use the equipment held at the Clinic.

(f) Supply of Welfare Foods and Vitamins

Various types of welfare foods and vitamins are available at the Clinic, i.e. National and other brands of dried milk, orange juice and proprietary food products (on sale), vitamin tablets, codliver oil and medicaments (supplied free), at the following times:-

Mondays	2 p.m. - 5 p.m.
Tuesdays	2 p.m. - 5 p.m.
Wednesdays	9 a.m. - 12.30 p.m.
Fridays	2 p.m. - 5 p.m.
Saturdays	9 a.m. - 12.30 p.m.

(g) Vaccination Service

This is offered to mothers of all infants, and every effort is made to encourage as many as possible to be vaccinated in the early months of life. Primary vaccination in the adult is often accompanied with severe systemic effects, which are not present in the infant. The number of Primary vaccinations for the year is 116 (70 by M.O.H.). The service is available at the Clinic on alternate Wednesday mornings - 10 a.m. to 12 noon.

(h) Diphtheria and Whooping Cough Service

This has already been discussed on page 5. The hours of the service at the Clinic are 10 a.m. to 12 noon on alternate Wednesday mornings. The other

Wednesday mornings are devoted to the Outdoor Visiting sessions.

(i) Dental Service

This service is provided at the Clinic by the Notts. County Council. A dentist is in attendance on Tuesdays - 10 a.m. to 12 noon and 2 p.m. to 4 p.m.

5. HOME HELP SERVICE

A Home Help Service is provided by the Notts. County Council, and there is a Local Organiser for the Kirkby-in-Ashfield District at 4 Outram Street, Sutton-in-Ashfield, Telephone number Sutton-in-Ashfield 316.

6. NURSING IN THE HOME

The Notts. County Council provides this service. There are 5 District Nurses available in the Urban District, and their names, addresses and telephone numbers are as follows:-

Mrs. P. Angelides	53 Welbeck Street, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 2342
Mrs. P. Jeffery	"Windermere", Alfreton Road, Pinxton.	Pinxton 338
Mrs. E. F. Stocks	5 Searwood Avenue, Kirkby-in-Ashfield.	Sutton-in-Ashfield 396
Mrs. M. E. Stoeken	"Chaworth", Forest Road, Annesley Woodhouse, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 2334
Mrs. A. Walker	17 Regent Street, Kirkby-in-Ashfield.	Kirkby-in-Ashfield 3368

7. SCHOOL HEALTH SERVICE - Clinics for Minor Ailments

Sessions are held at the Child Welfare Clinic at the following times:-

Tuesdays	9.30 a.m. - 12 noon.	
Fridays	1.30 p.m. - 4 p.m.	(M.O.H. in attendance as Asst. C.S.M.O. from 2 p.m. onwards)

8. NATIONAL ASSISTANCE ACT, 1948, Section 47 and
1951 (amendment) ACT

It was not necessary to take any action under this Section of the Act during 1955.

The Welfare Officer and Duly Authorised Officer for Kirkby-in-Ashfield District for the purpose of this Act is:-

Mr. G. S. Culley	Welfare Officer, Dallas Street, Mansfield.	Telephone No. Mansfield 764
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9. VOLUNTARY ORGANISATIONS

British Red Cross Society Women's Detachment:

Commandant - Mrs. L. Harvey,
170 Victoria Road,
Kirkby-in-Ashfield.

Hon. Sec. - Mrs. G. E. Wharton,
206 Kingsway,
Kirkby-in-Ashfield.

Men's Detachment:

Commandant - Mr. L. H. Rickett,
"Innisfree",
Doles Lane,
Kirkby-in-Ashfield.

Hon. Sec. - Mr. T. Black,
73 Clumber Street,
Kirkby-in-Ashfield.

St. John's Ambulance
Brigade

Bentinck Colliery:

Hon. Sec. - Mr. V. Smith,
14 Wheatley Avenue,
Kirkby-in-Ashfield.

Kirkby Colliery:

Hon. Sec. - Mr. L. Smith,
23 Elder Street,
Kirkby-in-Ashfield.

Women's Voluntary Service District Organiser - Post not yet filled.

W.V.S. Derby & Joan Clubs

Leaders - Mrs. A. Butler (East Ward),
15 Nest Avenue,
Kirkby-in-Ashfield.

Mrs. E. Martin, J.P.,
(West Ward),
5 Orchard Road,
Kirkby-in-Ashfield.

Derby & Joan Club

(South Ward)

President-Mrs. C. Reeve,
108 Derby Road,
Kirkby-in-Ashfield.

British Legion

Hon. Sec.-Mr. G. Dickman,
46 Central Avenue,
Kirkby-in-Ashfield.

Rotary Club

President-Mr. L. Spencer,
44 Victoria Road,
Kirkby-in-Ashfield.

Secretary-Mr. A. E. Francis,
30 Park Street,
Kirkby-in-Ashfield.

Inner Wheel

President-Mrs. J. D. Durance,
Victoria Road,
Kirkby-in-Ashfield.

Secretary-Mrs. L. Spencer,
44 Victoria Road,
Kirkby-in-Ashfield.

Old People's Welfare
Committee

Hon. Sec. - Mrs. C. A. Nuttall,
4 Pond Street,
Kirkby-in-Ashfield.

The various Religious Bodies in the district do invaluable work in visiting their sick members, helping them materially and comforting them spiritually. They are too numerous for me to mention them individually, but I sincerely feel that

voluntary work freely done is so much better than the more impersonal although often necessary work of the Local Authority.

The only criticism that I would venture to make with regard to the activities of the various voluntary organisations, is the complete absence of co-ordination in their efforts. With their acquiescence this could, and should, be done by the Local Authority, so that no overlapping takes place nor anyone be overlooked.

Your obedient Servant,

COCHRAN CROSS,
Medical Officer of Health.

Section A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (Acres)	5,831
Population (Census 1931)	17,798
Population (Census 1951)	20,131
Estimated population (mid-year 1955)	20,520
Number of inhabited houses 1955	6,708
Rateable Value (Nett)	£95,498
Estimated product of penny rate	£363

	East Ward	West Ward	South Ward	Total
Occupied Houses	2,573	2,537	1,598	6,708

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Section B.

BIRTHS

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	151	135	286
Illegitimate	3	3	6

Still-Births

Legitimate	4	5	9
Illegitimate	-	-	-

Birth-rate per 1,000 of the population 14.23

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Deaths</u>	108	99	207

Death-rate per 1,000 of the population 10.09

No. of women dying in, or in consequence of, child-birth:-

From Puerperal Sepsis	-
From Other Causes	-

Total deaths of Infants under 1 year	7
Infantile death-rate per 1,000 live births	23.97
Deaths from Cancer (all ages)	29
Deaths from Measles (all ages)	-
Deaths from Whooping Cough (all ages)	-
Deaths from Diarrhoea and Enteritis (under 2 years of age)	-

BIRTHS AND BIRTH-RATE

The total number of births registered during the year was 301, 158 males and 143 females. Of these, there were 6 illegitimates, 3 males and 3 females. There were 292 live births and 9 still-births. This gives a Live Birth-rate of 14.23 per 1,000 of the population, as compared with 17.13 per 1,000 of the previous year.

Birth-rate for the District for the last 10 years:

1955	14.23	per 1,000	of the population
1954	17.13	"	"
1953	17.50	"	"
1952	18.49	"	"
1951	14.96	"	"
1950	18.1	"	"
1949	17.1	"	"
1948	18.8	"	"
1947	22.39	"	"
1946	21.93	"	"

DEATHS AND DEATH-RATE

There were 207 deaths recorded in 1955.

Males..... 108 Females 99

This gives us an annual death-rate of 10.09 per 1,000 of the population.

The classification of deaths is as follows:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Tuberculosis, respiratory	1	1	2
Tuberculosis, other	-	-	-
Syphilitic disease	1	-	1
Diphtheria	-	-	-
Whooping cough	-	-	-
Meningococcal infections	-	-	-
Acute poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	1	-	1
Malignant neoplasm, stomach	5	3	8
Malignant neoplasm, lung, bronchus	1	1	2
Malignant neoplasm, breast	-	3	3
Malignant neoplasm, uterus	-	3	3
Other malignant and lymphatic neoplasms	6	7	13
Leukaemia, aleukaemia	1	-	1
Diabetes	-	3	3
Vascular lesions of nervous system	10	16	26
Coronary disease, angina	19	15	34
Hypertension with heart disease	1	1	2
Other heart disease	12	17	29
Other circulatory disease	8	6	14
Influenza	-	1	1
Pneumonia	3	1	4
Bronchitis	19	5	24
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	2	-	2
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and nephrosis	-	2	2
Hyperplasia of prostate	2	-	2
Pregnancy, childbirth, abortion	-	-	-
Congenital malformations	-	-	-
Other defined and ill-defined diseases	14	9	23
Motor vehicle accidents	-	-	-
All other accidents	2	3	5
Suicide	-	2	2
Homicide and operations of war	-	-	-
	<u>108</u>	<u>99</u>	<u>207</u>

T A B L E I

Showing Deaths in Wards at all ages:-

	East Ward	West Ward	South Ward	Totals
1st Quarter	32	14	16	62
2nd Quarter	29	11	15	55
3rd Quarter	10	23	10	43
4th Quarter	21	17	9	47
Totals 1955	92	65	50	207
" 1954	72	80	32	184
" 1953	90	76	39	205
" 1952	85	67	47	199
" 1951	107	83	56	246
" 1950	88	61	40	189
" 1949	91	87	49	227
" 1948	85	70	33	188
" 1947	106	68	47	221
" 1946	93	84	41	218

Death-rate for the whole district for the last ten years:

1955	10.09	per 1,000	of the population
1954	9.01	"	"
1953	10.08	"	"
1952	9.87	"	"
1951	12.19	"	"
1950	9.4	"	"
1949	11.28	"	"
1948	9.42	"	"
1947	11.46	"	"
1946	11.52	"	"

INFANTILE MORTALITY

There were 5 deaths of male Infants and 2 deaths of female Infants registered during the year.

This gives an infantile mortality of 23.97 per 1,000 live births, as compared with 11.43 of the previous year.

The classification of deaths is as follows:-

Exomphalus	1
Prematurity	3
Acute Primary Pneumonia	1
Broncho Pneumonia	1
Pulmonary Embolus and Shock	1
	<u>7</u>

Infantile Mortality for the whole district for the last ten years per 1,000 births:-

1955	23.97	1950	41.0
1954	11.43	1949	34.9
1953	44.9	1948	45.3
1952	37.5	1947	44.0
1951	49.7	1946	50.6

SANITARY CIRCUMSTANCES OF THE AREA

Section C.

1. WATER

The District is supplied from the Council's deep wells situated near Norman's Hollow. This supply is augmented by purchasing a limited amount from the Sutton-in-Ashfield Urban District Council. During the year 260,985,000 gallons were supplied from our own pumping station, and 19,061,000 gallons were purchased from Sutton-in-Ashfield Urban District Council. Other sources of water supply to houses in the District are as follows:-

1. The National Coal Board supply about 381 of their own houses in the immediate neighbourhood of the Kirkby Colliery.
2. The Meden Valley Water Board supply 24 cottages in the Pinxton side of the District.
3. Nottingham Corporation Water Department supply 42 houses in the Selston end of the District.

Apart from seven isolated cottages, every house in the District has a piped supply.

Repeated bacteriological and chemical analyses were carried out of the Council's water supply and the results showed that the water was satisfactory both in its chemical and bacterial quality. A typical result is as follows:-

CHLORINATED WATER

This sample contains per million parts:-

Total Solids dried at 180°C.	230.0
Suspended Matter	absent
Chlorides as chlorine	14.20
Oxidised Nitrogen as nitrate	2.62
Oxidised Nitrogen as nitrite	absent
Free Ammonia0036
Albuminoid Ammonia0032
Temporary Hardness	70.00
Permanent Hardness	92.00

Oxygen absorbed in 4 hours at 80°F.	
from N/80 KMnO4	0.004
pH value	7.70
Appearance	clear and bright
Odour	none
Taste and colour	normal
Heavy Metals	absent
Free Chlorine	absent

RAW WATER

No. of colonies developing per ml. on agar at 21°C.	
in 72 hrs.	22
No. of colonies developing per ml. on agar at 37°C.	
in 24 hrs.	8
No. of colonies developing per ml. on agar at 37°C.	
in 48 hrs.	12
Coli-aerogenes count per 100 mls. at 37°C. in	
48 hrs.	0
Faecal coli count per 100 mls. at 44°C. in 48 hrs.	0
Bacillus Colli (Presumptive)	Absent in 100 mls.

This unchlorinated water sample shows little evidence of organic pollution.

NEW MAINS LAID

545 yards 4" cast iron spun water mains -	Kingsway Housing Scheme
37 yards 4" cast iron spun water mains -	Birch Tree Crescent

NEW SEWERS LAID

Kingsway Housing Estate:-

Surface water sewer <u>only</u>	628 yds.	6"	(approx.)
	563 yds.	9"	"
	247 yds.	12"	"
	161 yds.	15"	"
	228 yds.	18"	"
	127 yds.	21"	"
	<u>1,954 yds.</u>		
Foul water sewer <u>only</u>	1,690 yds.		(approx.)

Section D.

HOUSING

Erection of New Houses

Number of new houses erected during the year:-

Permanent houses (Erected by Council)	82
" " (Private Enterprise)	50

1. Inspection of Dwelling-houses during the year

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	570
(b) Number of inspections made for the purpose	1,952
(2) (a) Number of dwelling-houses (included under sub-head (a) above, which were inspected and recorded under the Housing Consolidated Regulations, 1946	Nil
(b) Number of inspections made for the purpose	Nil
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	116
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	261

2. Remedy of Defects during the year without service of formal Notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	139
---	-----

3. Action under Statutory Powers during the year

A. - Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:-

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil
---	-----

(2)	Number of dwelling-houses which were rendered fit after service of formal notice:-	
(a)	By Owners	Nil
(b)	By Local Authority in default of owners	Nil
B. - Proceedings under Public Health Acts		
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	146
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:-	
(a)	By Owners	156
(b)	By Local Authority	6
C. - Proceedings under Sections 11 and 13 of the Housing Act, 1936		
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	1
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	5
D. - Proceedings under Section 12 of the Housing Act, 1936		
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
<u>Local Government (Miscellaneous Provisions) Act, 1953</u>		
	Closing Orders made	2

HOUSING ACT, 1936

Overcrowding

Owing to the lapse of time since the last overcrowding survey and to the unsettled state of the housing programme, it is impossible to give a definite estimation of the amount of overcrowding in the District.

During the year 24 complaints were received in the Department. These complaints were investigated and in 5 cases the premises were found to be legally overcrowded when calculated in accordance with the 5th Schedule of the Housing Act, 1936. These cases were reported to the Council and where possible alternative accommodation was provided.

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Section E.

INSPECTION AND SUPERVISION OF FOOD

- (a) Milk Supply. See Sanitary Inspector's Report.
- (b) Meat and Other Foods. See Sanitary Inspector's Report.
- (c) Adulteration, Etc.

See Report of the County Sampling Officer for the year 1955
printed opposite.

Article	Number of Samples					Result of Analysis, and proceedings if any taken in respect of adulterated samples
	Obtained	Submitted to Public Analyst	Tested by Inspector	Genuine	Adulterated or sub- standard	
Apples	1	1	—	1	—	
Apricot Juice	1	1	—	1	—	
Butterscotch	1	1	—	1	—	
Champagne Perry	1	1	—	1	—	
Cheese Spread	1	1	—	1	—	
Cheese	1	1	—	1	—	
Cherries, tinned	1	1	—	1	—	
Chocolate Rolls	1	1	—	1	—	
Cornish Pasties	1	1	—	1	—	
Ginger Beer	1	1	—	1	—	
Ground Cinnamon	1	1	—	1	—	
Ice Cream	2	2	—	2	—	
Lemon Juice	1	1	—	1	—	
Linseed Licquorice						
Lozenges	1	1	—	1	—	
Lobster, tinned	1	1	—	1	—	
Lunch Cheese	1	1	—	1	—	
Margarine	1	1	—	1	—	
Meat Pies	8	8	—	7	1 —	(Contained only 20.3% meat (Manufacturer cautioned
Milk	120	—	120	119	1 —	(Slightly deficient in milk solids. Taken up with seller. Further samples obtained and found to conform.
Non-Brewed Condiment	1	1	—	1	—	
Olive Oil	1	1	—	1	—	
Orange Drink	1	1	—	1	—	
Peanuts, salted	1	1	—	1	—	
Pilchards, tinned	1	1	—	1	—	
Potted Beef Paste	1	1	—	1	—	
Prunes in Syrup, tinned	1	1	—	1	—	
Rum & Butter Sweets	1	1	—	1	—	
Sausage	11	11	—	10	1 —	(Slightly deficient in meat. (Manufacturer cautioned.
Sweets	1	1	—	1	—	
Tea	1	1	—	1	—	
Vitamin Capsules	1	1	—	1	—	
Vitamin Tablets	1	1	—	1	—	
Whiskey	1	1	—	1	—	

Section F.

Prevalence of and Control of Fever, Infectious and Other Diseases.

During the year we had 754 cases of Infectious Diseases compared with 36 the previous year.

T A B L E I

INFECTIOUS DISEASES NOTIFIED, 1955

	Under 1	1	2	3	4	5 to 10	11 to 15	16 to 20	21 to 35	36 to 45	46 to 65	65 and over	Totals
Acute Poliomyelitis					1	1			1				3
Scarlet Fever						11	3						14
Pneumonia						1			2	1	1		5
Dysentery	1		1			1	1		1	1	1	1	8
Erysipelas										1		1	2
Whooping Cough	3	2	1	1	2								9
Measles	30	65	83	77	94	276	1	1					627
Cerebro-Spinal Meningitis	1												1
Puerperal Pyrexia									1				1
Gastro-Enteritis	2						1						3
Paratyphoid B. Fever	1	3	1	1	1	11	2	2	13	3	11	1	50
Food Poisoning	2			2	2	6	1		5	4	4	1	27
Tuberculosis:													
Pulmonary M.									1				1
F.										1	1		2
Non-Pulmonary M.											1		1
F.													-
Totals:	40	70	86	81	100	307	9	3	24	11	19	4	754

T A B L E I I

INFECTIOUS DISEASES OCCURRING IN WARDS

	East Ward	West Ward	South Ward	Totals
Acute Poliomyelitis	1	1	1	3
Scarlet Fever	6	5	3	14
Pneumonia	1	2	2	5
Dysentery	1	6	1	8
Erysipelas	1	—	1	2
Whooping Cough	3	2	4	9
Measles	235	189	203	627
Cerebro-Spinal Meningitis	—	1	—	1
Puerperal Pyrexia	1	—	—	1
Gastro Enteritis	1	1	1	3
Paratyphoid B. Fever	32	12	6	50
Food Poisoning	15	5	7	27
Tuberculosis	2	2	—	4
Totals:	299	226	229	754

T A B L E I I I

Showing Notifiable Diseases occurring in months:-

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Polio- myelitis	-	-	-	-	-	1	-	-	1	1	-	-	3
Scarlet Fever	-	2	-	3	2	1	-	-	-	3	1	2	14
Pneumonia	1	-	1	-	-	1	-	-	1	-	1	-	5
Dysentery	-	-	5	1	-	-	-	-	-	1	-	1	8
Erysipelas	1	-	-	-	-	-	-	-	1	-	-	-	2
Whooping Cough	3	1	-	-	1	3	-	-	1	-	-	-	9
Measles	11	50	274	113	71	75	24	9	-	-	-	-	627
Cerebro-Spinal Meningitis	-	-	-	1	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia			-	-	-	-	-	-	1	-	-	-	1
Gastro- Enteritis			-	-	-	-	-	-	1	-	1	1	3
Paratyphoid B. Fever	-	-	-	-	-	-	-	12	37	1	-	-	50
Food Poisoning		-	-	-	-	-	-	8	19	-	-	-	27
Tuberculosis	-	-	-	1	-	1	-	1	-	1	-	-	4
Totals:	16	53	280	119	74	82	24	30	62	7	3	4	754

T A B L E I V

Disease	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Acute Poliomyelitis	3	3	—
Scarlet Fever	14	—	—
Pneumonia (Primary and Influenzal)	5	1	—
Dysentery	8	—	—
Erysipelas	2	—	—
Whooping Cough	9	—	—
Measles	627	5	—
Cerebro-Spinal Meningitis	1	1	—
Puerperal Pyrexia	1	—	—
Gastro-Enteritis	3	3	—
Paratyphoid B. Fever	50	6	—
Food Poisoning	27	3	—

OUTBREAK OF PARATYPHOID FEVER SIMULATING FOOD POISONING

IN KIRKBY-IN-ASHFIELD IN 1955

Introductory Statement

The following account of this outbreak in Kirkby-in-Ashfield is by no manner or means meant to be a scientific or pseudo-scientific paper. It is the impression of a greatly over-worked M.O.H. with limited staff at his disposal, and with no hospital facilities in his area. The report may be of some interest and value to Medical Officers of Health who find themselves in a similar position.

History of Occurrence

An explosive food-borne outbreak of a mixed Paratyphoid B. and Salmonella Typhi-Murium infection occurred in Kirkby-in-Ashfield during the closing days of August (the first case being known to have started on the 21st, but was not diagnosed as such until much later) and the first days of September. The number of cases bacteriologically proven was 94 of Paratyphoid B. and 22 of Salmonella Typhi-Murium, giving a total of 116. The vehicles of infection included several of a wide range of products from a pork butcher in Kirkby-in-Ashfield, with retail shops there and in Worksop and Mansfield. The outbreak in Worksop was coincidental to that at Kirkby-in-Ashfield, and, if anything, has been much greater in the number of cases, with the unfortunate occurrence of 2 deaths in elderly debilitated patients, with 2 other deaths in adjoining areas. It is of interest that one or other of the infecting germs was isolated from bacon, ham, sausage meat (typhi-murium only), and even from beef meat paste compounded with pork fat, but not from pork pies prepared in the bakery at the same premises. The reason for this deviation in the latter was presumably the high temperature at which the pies were baked. Again, both the organisms were present in the stools of one third of the men working in the slaughtering, butchery and bacon curing side of the business, whilst the women in the bakery, with few exceptions, remained free. Infection was also found to be widely distributed among the staff of all three retail shops, the morbidity in Mansfield being 100%, whilst that at Worksop was not much less

(75%). The percentage in Kirkby-in-Ashfield was 29%.

Symptomatology

Clinically, the illness was essentially that of Food Poisoning. In other words, the incubation period appeared to be very short - from 12 to 18 or 24 hours, and the symptoms were mainly abdominal discomfort, vomiting and diarrhoea, and moderate rise of temperature. In some cases, however, constipation was noted. Thus, the course of the illness was most atypical.

A great difficulty to the Health Department was the high percentage of so called 'symptomless' excretors of both Salm. Paratyphoid B. and Salm. Typhi-Murium. At the height of the outbreak, i.e. 4th October, the numbers of 'symptomless' excretors were 46 Para. B. and 17 Typhi-Murium. As a result of this, diagnoses could only be made by routine testing of the stools of every person who had the remotest contact with the firm concerned. Since the detection of the first case, all general practitioners in the area were asked to report all cases of Gastro-Enteritis to me, and to have the stools of these persons examined. The total number of persons so examined was 680 up to and including Saturday, the 31st December, 1955.

History of Occurrence - continued

As soon as the proprietors of the firm were assured and certain of the association of their products with the outbreak, they suspended business of their own accord, and co-operated with the Health Department in the collection and delivery of the pathological specimens to the Public Health Laboratory in Nottingham, and utilized their non-infected staff to clean up and disinfect their premises, which were, and are, modern and clean.

Origin of Outbreak

This still remains unproven, despite intensive investigation of every possible source. In all, during the 4 months beginning in September, 203 specimens of food from butchers and other food shops in the district were examined for the presence of pathogenic organisms. These were absent as from 23rd September, the firm recommencing work on 26th September.

In addition to this firm's products being examined, all other food shops in the district were similarly investigated,

but in no instance was any positive result found except in the products of the firm concerned.

Thorough investigation included the possibility of pigs themselves being either carriers of the pathogens or even actual sufferers from them. In following this up, we got a list of the suppliers of pigs to this factory since the beginning of August. They numbered 157 in all, and were situated in divers districts, even including various neighbouring counties. An interesting method of testing was the insertion of a swab into the drains of the pigs' quarters in the hope that the offending organism could be cultivated and isolated. Results proved negative.

Although I have no absolute proof, I have substantive and strong circumstantial evidence regarding the origin. I do not, however, desire to commit myself further. At the same time, it may be of interest that there was found in a key worker a condition of chronic suppurative mastoiditis, from which *B. coli* was cultivated in profusion.

Methods of Control

The following Urban District and County Health Services used to contain the outbreak were:-

County Health Visitors

At the beginning of the outbreak, in view of the mixed infection, the Health Visitors were instructed to visit the homes of positive excretors from the 10th day onwards, to take their evening temperatures and those of their contacts, and to observe any untoward symptoms, with a view to any suspect having speedier access to the general practitioner concerned. The Health Visitor in addition, was asked to give to the head of the household a letter, couched in non-medical terms, regarding the importance of hygiene, especially that of the hands after toilet. Considerable difficulty was experienced by me in framing such a letter in terms understandable by the layman.

The number of houses visited at night was so great that in addition to the Health Visitors and School Nurse, other County Health Visitors from surrounding areas were drafted in to help and relieve the former. They were of great service.

Later on in the outbreak, the policy of visiting on the 10th day was changed to that of visiting persons with positive

stools from the 1st day.

School Service

At the beginning of the outbreak, visits were paid to all schools in the area and the main cooking centre for school meals, by the County Sanitary Inspector and School Nurses, where talks on hygiene, especially bathroom toilet, were given to the proper people in charge, who, in turn, instructed the children under their care on the best methods of looking after themselves. Paper towels were introduced into every school to replace the horrible roller towels, which can be so dangerous in such an outbreak. Unfortunately, this order, to my sorrow, was rescinded at a later date, and we have now reverted back to the use of roller towels, the equivalent of which, I fear, is, in many instances, that of drying your hands with excreta.

Ministry of Health

The Ministry of Health was informed of this outbreak in the early days. It was in daily touch with either this district or the County Health Department, and a Medical Officer of the Ministry of Health visited this area on three different occasions, giving most valuable advice and information.

County Health Department

The County Medical Officer was, I feel, always behind me, giving me full support, co-ordinating the work in the different areas affected, and taking charge of Press publicity at my request.

General Practitioners

I am most grateful to this Body for the way they so willingly co-operated to the utmost, uncomplainingly absorbing a great increase in work and being ready to accept expert advice which I sought from time to time from leading epidemiologists. There is no doubt at all that a great amount of work fell on the shoulders of these doctors.

General Survey of Treatment

I have been asked, and have readily agreed, to make a general survey of the outbreak, and in particular an investigation into the results of the various anti-biotics and other drugs

such as the sulphas, used by the different doctors in the treating of this disease. This entails a great amount of work, which I have not yet completed, but may be the subject for publication at a future date.

In my opinion, which is not yet substantiated, chloramphenicol was the most potent drug at our command, but also the most dangerous. Even so, there were quite a few relapses with this drug, and I did not feel justified in advising another course. Again, it may be wise if, without instilling fear into the patients, they were let known that they had had a full course of chloramphenicol in order that at any future date the then attending doctor (quite possibly different from the one who treated them in this present outbreak) would at least know what had taken place, and act accordingly. In other words, the danger of future blood changes should always be kept in mind.

The next most successful combination of drugs was streptomycin, and phthallyl sulphathiazole, given orally. The latter was frequently replaced by sulphaguanidine. This oral method should avoid the risk of eighth nerve involvement, as I am led to believe that there is little absorption of streptomycin from the bowel.

Aureomycin and terramycin had their protagonists, with some success.

We can fairly state, however, that there was no specific drug for the disease.

The number of people who relapsed was 14, but the drug, the combination of drugs, or the change of drugs, have yet to be worked out.

The Legal Position of the Council

During the outbreak, the various Acts which had to be complied with were:-

The Public Health Act 1875, Section 308.

The Public Health Act 1936, Section 278.

The Food and Drugs Act 1938, Sections 10, 18, 68, 69 and 70.

The Nottinghamshire County Council Act 1951, Section 143.

The Public Health (Infectious Diseases) Regulations 1953.

The actual amount of money paid by way of compensation to the workers of the factory concerned was £244.17s.7d.

Conclusions

Origin of Onset

This still remains unproven, despite intensive investigations of every possible source, both food and human. It may be of interest, however, that there was found in a key worker a condition of chronic suppurative mastoiditis, from which B. coli was cultivated in profusion.

I am convinced that there were far more cases than those which came to our notice. People were afraid to report transient diarrhoea if that would mean loss of wages and unemployment. The joke that specimens guaranteed to be negative were to be bought for a shilling or so did not make me laugh. It simply brought to my notice more sharply how easy it would be to escape the vigilance of a greatly harassed public health staff.

Early notification of a disease to the M.O.H. is essential. I need not refer to my graph to point out how imperfect that has been in the outbreak. The following facts come to light:-

There is a far greater number of positive cases found by bacteriological examination of the stools, and, in some cases, the urine, than the actual number of notifications sent to me by the general practitioners. While deprecating this, there is no doubt that its reason was the large increase in work having to be done by the doctors with regard to this single trouble. If there ever should be a repetition of such an outbreak, I would be greatly tempted to accept messages by telephone from the doctors as notifications, temporarily, of course, until there was time for them to provide me with the official notifications. This is one of the diseases which, in my opinion, the retention of its notification is absolutely necessary.

There is a surprisingly steep rise of the various graphs, accompanied with just as steep a fall. The latter seems

ever so much more satisfactory now than at the time, as we had so many relapses to the positive state, after apparent, or at least confidently expected, cure.

The number of positive cases yet retained on our list is, and has been for many weeks, 5 - a very low figure, which may be improved upon if further individual enquiries are made, e.g. regarding the date of the last specimen submitted, and further bacteriological examination of these 5 people.

The greatest co-operation between the hospital Authorities and the Health Department is not only necessary - it is vital. Prompt admission of cases should be confidently anticipated by the M.O.H.

The term 'symptomless positive excreter' is the most unfortunate one with which I have ever had to contend. This person is a case much more important from a Public Health point of view than the florid case which is immobilized and made less dangerous to other people by his condition. There should be some provision whereby a symptomless positive carrier could be segregated if not in hospital, in an appropriate place, until he has been made safe for other people.

During an epidemic, of all the sections of the people in the district, the food handlers is the one which must be rigorously controlled. There must be adequate washing facilities, especially after toilet. The wash basins should be placed outside the lavatory, where supervision of the proper cleansing of hands can be done. An adequate supply of hot water, soap and disinfectants is essential. Nail brushes should always be kept in an antiseptic bowl. Wiping the lavatory chain handles and door handles with a cloth moistened with a suitable antiseptic is not, in my opinion, a refinement, but a necessity. This should apply at least in the months when an outbreak is to be most feared, to the seats of the lavatories. Particular attention should be taken by the cleaners of the lavatory premises themselves, i.e. to disinfect adequately the floor around the base of the watercloset pedestal.

There should be a live 'Control of Infectious Diseases' committee in which the Medical Officer of Health sits not as an Officer, but as a full member.

Approach to Schoolchildren

This, in my opinion, is the only hope for improvements in the standard of hygiene, i.e. through the children. I am afraid the older generation cannot be taught the elementary rules. The level of hygiene of a community is that of the dirtiest (bacteriologically) of its members. Health education should be a subject in the curriculum of all schools, and should be taught by teachers -

- (a) General hygiene.
- (b) Special hygiene, when such epidemics as the present takes place.

Press Publicity

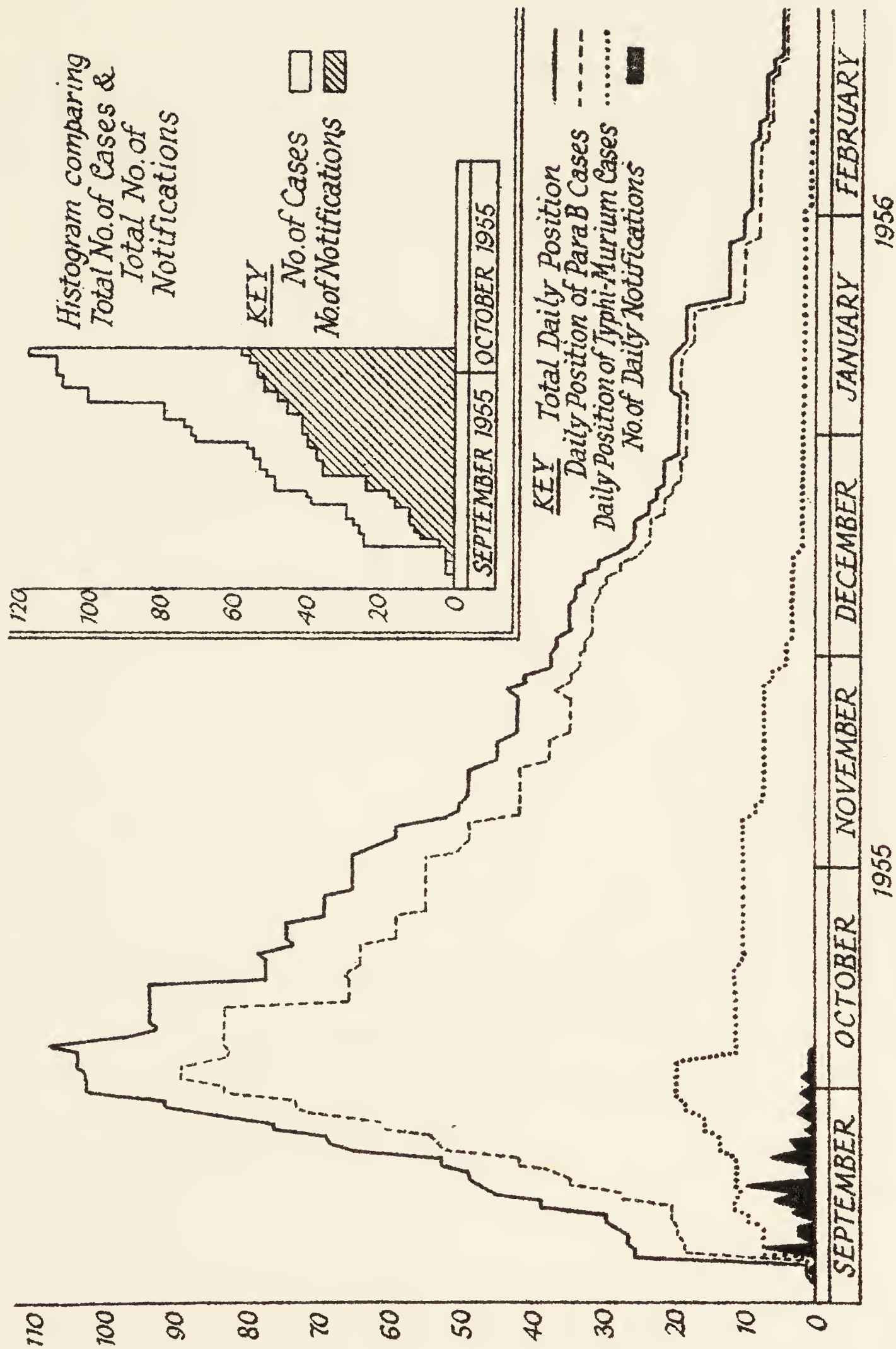
This should be firmly controlled from the beginning by the central authority. There is nothing worse than to have rumours and rumour of rumours printed by an ill-informed Press. In the present epidemic it was most satisfactorily handled by the County Medical Officer of Health until he was satisfied that the time had come when each district should give their own local news about it.

Dates 1955	No. of Stools Tested	No. of Positive Results	Paraty- phoid B	Salm. Typhi- Murium	Actual number of cases		
					Para.B.	Typhi-M.	Totals
Sept. 3	1	1	1	-			
" 5	36	-	-	-			
" 6	24	22	15	7			
" 7	10	5	5	-			
" 8	10	3	3	-			
" 9	63	11	10	1			
" 10	57	3	3	-	20	7	27
" 11	-	-	-	-	20	9	29
" 12	36	7	4	3	20	9	29
" 13	2	2	1	1	27	11	38
" 14	46	1	1	-	27	11	38
" 15	108	16	15	1	35	10	45
" 16	100	7	5	2	35	11	46
" 17	31	2	1	1	37	11	48
" 19	72	18	16	2	41	11	52
" 20	30	7	7	-	41	11	52
" 21	40	7	6	1	51	13	64
" 22	65	9	9	-	54	13	67
" 23	57	9	6	3	55	13	68
" 24	80	1	-	1	60	15	75
" 26	122	13	8	5	70	15	85
" 27	10	-	-	-	72	18	90
" 28	166	34	31	3	72	18	90
" 29	78	9	7	2	82	19	101
" 30	69	14	12	2	82	19	101
Oct. 1	60	11	9	2	83	19	102
" 3	176	19	17	2	83	19	102
" 4	-	-	-	-	87	19	106
" 5	49	7	5	2	82	12	94
" 6	59	6	5	1	80	11	91
" 7	46	9	8	1	81	11	92
" 8	23	6	5	1	81	11	92
" 10	85	10	10	-	81	11	92
" 12	34	13	10	3	81	11	92
" 13	67	3	2	1	65	11	76
" 14	22	6	4	2	65	11	76
Totals c/fwd.	1934	291	241	50			

Dates 1955	No. of Stools Tested	No. of Positive Results	Paraty- phoid B	Salm. Typhi- Murium	Actual number of cases		
					Para.B.	Typhi-M.	Totals
b/fwd.	1934	291	241	50			
Oct. 15	15	4	4	-	65	11	76
" 17	95	20	16	4	66	11	77
" 18	1	1	-	1	62	10	72
" 19	36	-	-	-	62	10	72
" 20	46	14	13	1	62	10	72
" 21	13	2	-	2	58	9	67
" 22	11	3	3	-	58	9	67
" 24	25	7	7	-	58	9	67
" 25	4	4	4	-	58	9	67
" 26	19	5	5	-	54	9	63
" 27	22	5	5	-	54	10	64
" 28	11	1	1	-	54	10	64
" 29	9	3	3	-	54	10	64
" 31	26	10	9	1	54	10	64
Nov. 1	-	-	-	-	54	10	64
" 2	12	3	2	1	54	10	64
" 3	2	2	2	-	50	10	60
" 4	9	3	3	-	48	10	58
" 5	17	5	5	-	48	10	58
" 7	19	5	4	1	42	9	51
" 8	-	-	-	-	41	8	49
" 9	12	4	4	-	41	8	49
" 10	3	2	2	-	41	7	48
" 11	11	4	3	1	41	7	48
" 12	11	-	-	-	41	7	48
" 14	1	-	-	-	41	7	48
" 15	-	-	-	-	37	7	44
" 16	25	6	6	-	37	7	44
" 17	12	8	8	-	37	7	44
" 18	10	4	3	1	37	7	44
" 19	-	-	-	-	34	7	41
" 21	8	3	3	-	34	7	41
" 22	-	-	-	-	34	7	41
" 23	12	5	5	-	34	7	41
" 24	1	1	1	-	34	7	41
Totals c/fwd.	2432	425	362	63			

Dates 1955	No. of Stools Tested	No. of Positive Results	Paraty- phoid B	Salm. Typhi- Murium	Actual number of cases		
					Para.B.	Typhi-M.	Totals
b/fwd	2432	425	362	63			
Nov. 25	20	7	7	-	36	7	43
" 26	16	3	1	2	34	6	40
" 28	-	-	-	-	33	4	37
" 29	-	-	-	-	33	4	37
" 30	12	2	2	-	33	4	37
Dec. 1	1	-	-	-	32	4	36
" 2	18	4	4	-	32	4	36
" 3	3	1	1	-	31	3	34
" 5	-	-	-	-	31	3	34
" 6	-	-	-	-	31	3	34
" 7	12	3	3	-	31	3	34
" 8	-	-	-	-	30	3	33
" 9	8	-	-	-	30	3	33
" 10	2	-	-	-	29	3	32
" 12	3	3	3	-	27	3	33
" 13	-	-	-	-	27	3	30
" 14	3	-	-	-	25	3	28
" 15	11	6	6	-	24	2	26
" 16	4	-	-	-	23	2	25
" 17	5	-	-	-	23	2	25
" 19	1	1	1	-	23	2	25
" 20	-	-	-	-	21	2	23
" 21	8	1	1	-	21	2	23
" 22	-	-	-	-	20	2	22
" 23	4	1	1	-	20	2	22
" 24	-	-	-	-	18	2	20
" 26	-	-	-	-	18	2	20
" 27	-	-	-	-	18	2	20
" 28	-	-	-	-	17	2	19
" 29	-	-	-	-	17	2	19
" 30	6	-	-	-	17	2	19
" 31	-	-	-	-	17	2	19
Totals	2569	457	392	65			

Paratyphoid B Simulating Food Poisoning, Kirkby-in-Ashfield U.D., 1955-56



T A B L E V

Age Period	N e w C a s e s				D e a t h s			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-
35	1	-	-	-	-	-	-	-
45	-	1	-	-	-	-	-	-
55	-	1	1	-	1	-	-	-
65 upwards	-	-	-	-	-	1	-	-
	1	2	1	-	1	1	-	-

It was not found necessary to take action under the Public Health (Prevention of Tuberculosis Regulations) 1925, or under Section 172, Public Health Act, 1936.

F A C T O R I E S

1. Inspections for purposes of provisions as to health.

Including inspections made by the Sanitary Inspector.

Premises (1)	N u m b e r o f		
	Inspec- tions (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories with mechanical power	59	Nil	Nil
Factories without mechanical power	Nil	Nil	Nil
Other premises under the Act (including works of building and engineering construc- tion, but not includ- ing outworkers' premises)	2	Nil	Nil
TOTAL	61	Nil	Nil

No. of Factories with Mechanical Power 51

No. of Factories without Mechanical Power Nil

2. Defects found.

Particulars	Number of Defects			Number of defects in respect of which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	
Sanitary Conveniences				
Insufficient	1	1	-	-
Unsuitable or Defective	1	1	-	-
Not separate for sexes	-	-	-	-
Other offences	3	3	-	-
(Not including offences relating to Home Work or offences mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1929, and re-enacted in the Third Schedule to the Factories Act, 1937)				
TOTAL	5	5	-	-

REPORT OF THE

SENIOR SANITARY INSPECTOR

For the Year ended 31st December, 1955

I have the honour to present this, my sixth Annual Report, which summarises the reports placed before the monthly meetings of the Health and Sanitary Committee.

HOUSING

Once again housing repair work was often held up by the shortage of builders willing to take on jobbing work.

193 houses were repaired during the year as compared with 151 during the previous year.

During the year 146 statutory notices were served.

DRAINAGE AND SANITARY WORK

The duties of the Department include the sanitary supervision of these works, the investigation of complaints relating to them and the testing and inspection of new and old drainage. During the year 149 new drains were tested before being filled in.

609 Complaints were received relating to blocked drains. These were dealt with immediately by a Council employee as part of the Health Department Service.

30 Drains were repaired or reconstructed following examinations as a result of complaint or for other reasons.

RIVERS AND STREAMS

An Inspector is employed by the County Council to supervise the purity of rivers and streams. No complaint was received during the year.

CLOSET ACCOMMODATION

The closet accommodation of the district at the end of the year was as follows:-

Water Closets	6585
Pail Closets (approximately)	28

SMOKE ABATEMENT

Measurements of atmospheric pollution continued to be taken during the year, from two deposit gauges and three lead peroxide gauges. The amount of smoke emitted from the three collieries in the area was reduced during the year owing to the partial electrification of the pits concerned.

The nuisance from the engine sheds and nearby sidings continued, and it seems unlikely that there will be any improvement until steam engines are replaced by diesel or electric locomotives.

112 Smoke observations were made, mainly of colliery chimneys.

DISINFESTATION

49 Houses were disinfested, the majority of these disinfestations being the extermination of cockroaches and ants.

PETROLEUM ACTS AND REGULATIONS

The Health Department is responsible for administering the Petroleum Acts and Regulations. During the year, 28 licences were granted for the storage of Petroleum Spirit and the income derived therefrom was £17. 10. 0d.

NOTICES AND PROCEEDINGS

During the year there were 249 preliminary notices and 146 statutory notices issued, of which 263 were complied with, the remainder being carried forward to 1956.

Statutory Notices served under the Public Health Act:-

Section 39 :	24	Section 56 :	1
Section 45 :	19	Section 75 :	32
Section 50 :	0	Section 93 :	70

There were 176 interviews with owners of property and builders during the year.

COMPLAINTS

The following is a list of complaints received by the Department during the year:

Drain blockages	609
Defective housing conditions	154
Overcrowding	24

Dirty or verminous houses	4
Defective W.C.'s	36
Defective drainage	8
Infestations of rats and mice	116
Infestations of insect pests	35
Nuisance from smoke	4

INSPECTIONS DURING 1955

Total number of inspections under the Public Health and Housing Acts	1952
Inspected after cases of infectious diseases	3934
Inspected re overcrowding	24
Inspections of verminous premises	2
Inspections of sanitary conveniences, ashes receptacles, etc.	386
Inspections of Dairies and Milk Shops	85
Smoke observations	112

DRAINAGE

Drains tested	149
Drains repaired or relaid	30
Obstructed drains cleared	609

MISCELLANEOUS

Temporary dwellings	29
Masseurs' premises	6
Hairdressers' premises	3
Refuse tips	208
Foodshops	711
Offensive trades	4
Bakehouses	10
Water samples for analysis	11
Factories	59
Piggeries	1
Rats and mice infestation	122
Accumulation of refuse	7
Keeping of animals	2
Interviews with owners and builders	176
Open air food stalls	1
Delivery Vans	2

SANITARY IMPROVEMENTS EFFECTED

Notices complied with 263

HOUSING

Roofs repaired	95
Rainwater fall pipes and eaves gutters repaired or renewed	25
Defective windows repaired or renewed	42
Windows provided with new sashcords	36
Defective plaster repaired	51
New ceilings provided	8
Staircases repaired	1
Floors repaired or renewed	31
Hearths repaired or renewed	-
Additional sub-floor ventilation provided	-
Doors and frames repaired or renewed	8
New glazed sinks provided	10
Sink surrounds repaired or retiled	2
Insanitary waste pipes removed and replaced	7
Washing coppers repaired or renewed	2
Yards or paths repaved or repaired	6
Dampness abated	3
Walls repointed or repaired	29
Chimney flues repaired	2
Chimney stacks repointed or repaired	6
Fireplaces repaired or renewed	36
Dustbins renewed	390

DRAINAGE

Drains repaired or reconstructed	31
Defective drains removed	11
Drainage systems ventilated	4
Inspection chambers repaired or reconstructed	12
Defective gullies repaired	-
Other works connected with drainage	55
Inspection chambers provided with covers	11
Drains made accessible	7
Houses completely redrained	3

WATERCLOSETS

Additional waterclosets provided	14
Defective watercloset pedestals replaced	27
Cisterns repaired or replaced	10
Water supplies provided or repaired	56
Watercloset seats repaired or renewed	12
Defective joints repaired	1
Internal W.C.'s ventilated	5
Compartments cleansed and repaired	2

GENERAL

Deposit of refuse removed	7
Rat infestations removed	116
Nuisances from the keeping of animals abated...	2
New and approved piggeries erected	1

SLAUGHTERHOUSES

Premises cleansed or limewashed	9
Walls constructed	1

FACTORIES AND SHOPS

New conveniences provided	5
Intervening space provided	-

BAKEHOUSES AND FOOD PREMISES

Internal walls cleansed	10
Sinks provided	8
Premises cleansed and limewashed	35
Milk samples taken	4
Ice-Cream samples taken	-

MEAT INSPECTION

There are 26 meat shops in the district. There are 9 licensed slaughterhouses in the district, one being a large bacon factory and the remaining 8 are attached to small butchers' shops. All the animals killed at these slaughterhouses are examined by the Sanitary Inspectors of the Department, often outside normal working hours.

FOOD INSPECTED AND CONDEMNED 1955

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	269	312	24	1628	12397	-
Number inspected	269	312	24	1628	12397	-
<u>All diseases except Tuberculosis & Cysticerci</u>						
Whole carcasses condemned	-	$\frac{1}{2}$	6	3	8	-
Carcasses of which some part or organ was condemned	31	65	-	35	108	-
Percentage of the number inspected affected with diseases other than tuber- culosis and cysticerci	11.52	20.99	25.0	2.33	0.94	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	$\frac{1}{2}$	-	-	2	-
Carcasses of which some part or organ was condemned	27	85	-	-	211	-
Percentage of the number inspected affected with tuberculosis	10.04	27.4	-	-	1.72	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	-	1	-	-	-	-
Carcasses submitted to treat- ment by refrigeration	-	1	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
<u>Weights Condemned (In lbs.)</u>						
Tuberculosis	391	1397	-	-	3742	-
Cysticercosis	-	35	-	-	-	-
Diseases other than Tuber- culosis and Cysticerci	461	$399\frac{1}{4}$	161	$152\frac{1}{4}$	1514	-
Totals:	852	$1831\frac{1}{4}$	161	$152\frac{1}{4}$	5256	-

OTHER FOOD CONDEMNED

Cooked Ham	1 tin
Meat	93 tins
Fish	6 tins
Vegetables	4 tins
Fruit	130 tins
Milk	11 tins
Spaghetti	2 tins
Beans	2 tins
Tomatoes	9 tins
Irish Stew	1 tin
Salmon Paste	1 jar

SLAUGHTER OF ANIMALS ACT, 1933

There are 56 licensed slaughtermen in the district.

MILK AND DAIRIES REGULATIONS, 1949

No. of Distributors with Dairy premises	1
No. of Distributors with shops	0
No. of Distributors outside area	3

MILK (Special Designations) (Pasteurised & Sterilized Milk) REGULATIONS, 1949

MILK (Special Designations) (Raw Milk) REGULATIONS, 1949

Licences issued under the above Regulations:-

Pasteurised Milk -

No. of Dealers' licences	9
No. of Supplementary licences	12

Sterilised Milk -

No. of Dealers' licences	26
No. of Supplementary licences	-

Tuberculin Tested Milk -

No. of Dealers' licences	6
No. of Supplementary licences	12

PUBLIC CLEANSING

This report covers the period ending 31st March, 1956.

TRANSPORT

Transport units of the Cleansing Department comprise the following:-

1 Karrier Bantam lorry - 7 cubic yards capacity, - this lorry is fitted with a sludge tank for the collection of night soil. A petrol pump was purchased during the year to be used with this lorry and the sludge tank for emptying cesspools or extinguishing fires on the refuse tip.

2 Dennis "Paxit" lorries - 18 cubic yards capacity.

REFUSE COLLECTION

A weekly collection of household refuse was maintained throughout the year.

During the year approximately 9,000 tons of refuse were collected and tipped. (This tonnage figure is estimated from periodic test weighings).

SALVAGE

The following salvaged material was sold during the year:-

	Tons	Cwts	Qrs	£.	s.	d.
Waste Paper	99.	16.	1.	798.	5.	6.
Textiles	1.	9.	2.	38.	0.	0.
Scrap Metal and Tins		18.	0.	7.	17.	0.
	102.	3.	3.	£844.	2.	6.

The Council decided to increase the amount of paper salvaged and, to do this, they introduced a bonus scheme for the workmen of the Department and ordered two trailers and an electric baling press. Although the scheme was not introduced until the end of the year, there was an immediate increase in the amount of salvage collected.

REFUSE DISPOSAL

Income

	£.	s.	d.
Sale of salvaged materials	844.	2.	6.
Income from Collection of Trade Refuse.....	43.	16.	0.
	<hr/>		
	£887.	18.	6.
	<hr/>		

In conclusion, I would like to thank the Chairman and Members of the Health Committee for the interest they have shown in the work of the Department. I would also like to thank Dr. C. Cross, and all other Officials of the Council for their help and co-operation and my own staff for their loyal support at all times.

I am,

Your obedient servant,

H. S. WHITTEN,

Senior Sanitary Inspector.

Bridlesmith Duplicating Service
(Nottm: 45197)

